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Attorney Docket No. 17326CIP2 (BOT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|) Examiner: A. Harris (Parent Appl.) |
|---------------------------------------|
|) Group Art Unit: 1642 (Parent Appl.) |
|) |
|) Irvine, California) |
| |



NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER

Box Patent Application Assistant Commissioner for Patents Washington, DC 20231

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter 4 pgs
- (x) Specification (60 pages) 33 Claims (6 pages); Abstract (1 page)
- (,) Drawings (-0- sheets)
- (x) Declaration/Power of Attorney
- (x) Assignment w/Recordation Cover Sheet
- () Supplementary Information Disclosure w/prior art
- (x) Return/postage paid Postcard
- (x) Express Mail No. EL385558935US

This application claims priority to continuation in part application Serial Number 09/631,221 filed August 2, 2000 and to parent application Serial Number 09/454,842 filed December 7, 1999 issued as U.S. Patent 6,139,845.

Dated: February 8, 2002

Stephen Jonovan

Registration No. 33,433

CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

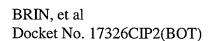
I hereby certify that the above-identified documents are being deposited with the United States Postal Service on February 8, 2002 in an envelope as "Express Mail Post Office To Addressee" mailing label number EL385558935US with sufficient postage for Express Mail addressed to Assistant Commissioner for Patents, Washington, D.C., 20231.

Susan Bartholomew

Name of person mailing paper

Signature of person mailing paper

Date: February 8, 2002



NEW APPLICATION TRANSMITTAL FORM

To the Assistant Commissioner for Patents:

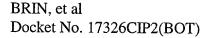
This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled METHODS FOR TREATING MAMMARY GLAND DISORDERS by the following named inventors:

| 1 | Full Name of | Y NI | 77 (3) | Tagan ay | | |
|---|------------------------------|----------------------|---------------------------|-------------------------|-----------|--|
| 1 | Inventor | Last Name: | First Name: | Middle Name: | | |
| | | BRIN | MITCHELL | F. | | |
| | Residence and Citizenship | City: | State or Foreign Country: | Country Of Citizenship: | | |
| | | Newport Beach | CALIFORNIA | U.S.A. | | |
| | Post Office Address | Post Office Address: | City: | State or Country: | Zip Code: | |
| | | 30 San Antonio | Newport Beach | CALIFORNIA | 92660 | |
| 2 | Full Name of Inventor | Last Name: | First Name: | Middle Name: | | |
| | | DONOVAN | STEPHEN | | | |
| | Residence and Citizenship | City: | State or Foreign Country: | Country Of Citizenship: | | |
| | | Capistrano | CALIFORNIA | CANADA | | |
| | Post Office Address | Post Office Address: | City: | State or Country: | Zip Code: | |
| | | 27252 Calle Anejo | Capistrano | CALIFORNIA | 92624 | |
| 3 | Full Name of Inventor | Last Name: | First Name: | Middle Name: | | |
| | Residence and Citizenship | City: | State or Foreign Country: | Country Of Citizenship: | | |
| | Post Office Address | Post Office Address: | City: | State or Country: | Zip Code: | |

- (X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.
- (X) Enclosed is a specification of 60 pages, 33 claims (6 pages) and an abstract (1 page).

Oath or Declaration

- (X) Enclosed is an executed oath or declaration.
- () Enclosed is an unsigned oath or declaration.



- (X) A self-addressed return postcard is enclosed for verification of receipt.
- (X) The filing fee is calculated below:

| FOR | | NUMBER FILED | | NUMBER EXTRA | RATE | FEE |
|--|------------|-----------------|---|-----------------|-----------|----------|
| Basic Fee (Large entity) | | | | | \$740.00 | \$740.00 |
| Total Claims | 33 | minus 20 | = | 13 | \$18.00 | \$234.00 |
| Independent Claims | 9 | minus 3 | = | 6 | \$84.00 | \$504.00 |
| If application contains any multiple dependent claims, then add \$280.00 | | | | | \$00.00 | |
| * | TOTAL FILI | | | IG FEE | \$1478.00 | |

- (X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- (X) A copy of an assignment bestowing all interest in this application to Allergan Sales, Inc is enclosed.
- () New drawings are enclosed in _____ sheets.
- () A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- () A Statement Pursuant to 37 CFR \$1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- () A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- (X) The Power of Attorney in this application is to Stephen Donovan, Registration Number 33,433.
- (X) The Power of Attorney appears in the combined Declaration and Power of Attorney, filed herewith.
- () A copy of the Request for Extension of Time filed in the prior application is enclosed.

BRIN, et al Docket No. 17326CIP2(BOT)

Please address all future communications to:

STEPHEN DONOVAN ALLERGAN, INC. T2-7H 2525 Dupont Drive Irvine, CA 92612 Tel: 714-246-4026 Fax: 714-246-4249

Respectfully submitted,

Date: February 8, 2002

Stephen Donovan Registration No. 33,433 Attorney of Record